

NAVFACINST 5350.1B
FAC 12
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NAVFAC INSTRUCTION 5350.1B

From: Commander, Naval Facilities Engineering Command

Subj: COMMAND SUBSTANCE ABUSE PROGRAM

Ref: (a) SECNAVINST 5300.28B
(b) OPNAVINST 5350.4
(c) OPNAVINST 5355.4
(d) CPI-792
(e) CPI-752
(f) CPI-432

Encl: (1) Program Organizational Requirements
(2) Detection and Deterrence
(3) Urinalysis Policy and Related Procedures
(4) Rehabilitation
(5) Disposition of Drug and Alcohol Abusers
(6) Preservice Use of Drugs and Alcohol
(7) Education
(8) Reports
(9) Internal Assessment Guide

1. Purpose. To issue policies and guidelines for implementation of the Naval Facilities Engineering Command (NAVFACENGCOM) Substance Abuse Program.

2. Cancellation. NAVFACINST 5350.1A of 6 January 1986.

3. Background. People are our most important resource and substance abuse, whether of alcohol or drugs, degrades that resource, making our organization less effective. Substance abuse cannot, and will not, be tolerated, nor does undergoing treatment for substance abuse constitute an excuse for unsatisfactory job performance. Everyone will be held to the same high standards of conduct and job performance. The Navy has long-standing policies on curbing alcohol and drug abuse; illegal possession of and trafficking in drugs; and the possession, use, sale, or promotion of drug paraphernalia.

4. Policy. We enthusiastically support the Secretary of the Navy and the Chief of Naval Operations policies and procedures outlined in references (a) through (c). We expect all personnel of the Naval Facilities Engineering Command to become familiar with these references, as well as enclosures (1) through (8), and aggressively support Navy policy. Enclosure (9) can assist the command and subordinate activities to assess the status of their own programs. We encourage all members of the Naval Facilities Engineering Command to:

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a. Seek help from:

- the Command Drug and Alcohol Program Advisor (DAPA) or area Counseling and Assistance Centers (CAAC), or medical personnel, if you are a military member; or
- the Drug Program Coordinator (DPC) for the Drug-Free Workplace Program or the Civilian Employee Assistance Program (CEAP) coordinator regarding other substance abuse, or your private physician, if you are a civilian employee.

b. Provide every reasonable opportunity for individuals seeking assistance to resolve substance abuse problems, but ensure individuals are held responsible for their conduct.

c. Eliminate activities that glamorize or encourage alcohol abuse.

d. Promote and support innovative Navy and community programs that attack illicit drug activities.

5. Responsibility. Commanders, commanding officers, and activity heads shall make every effort to identify and correct substance abuse within their organizations. Program policy and procedures for military personnel are outlined in this instruction and references (a) and (b). The policy and procedures for civilian employees are promulgated in references (c) through (f) and this instruction. Uniform enforcement by civilian and military supervisors of existing rules and regulations and the policies specified in this and the governing instructions is vital to the success of this program.

6. Action

a. The Military Manpower Manager, Code 12R, NAVFACENGCOM Headquarters, will:

(1) Function as program coordinator for the Substance Abuse Program within NAVFACENGCOM.

(2) Conduct periodic substance abuse program assessments at NAVFACENGCOM activities.

(3) Monitor the effectiveness of activity substance abuse programs through the Command inspection process.

b. Subordinate NAVFACENGCOM commands and activities shall:

(1) Promulgate, as necessary, appropriate directives and policies to ensure implementation of substance abuse programs at all organizational levels in accordance with this instruction.

(2) Appoint an officer to be responsible for overall coordination and development of activity substance abuse programs. At activities with 100 or more civilian employees, appoint a CEAP administrator.

(3) Submit reports, as required, in accordance with this instruction.

7. Applicability. The Substance Abuse Program outlined in this instruction and its references applies to all military and civilian personnel assigned to NAVFACENGCOM. There are substantive procedural differences that apply; enclosures (1), (3), (4), (6), and (8) pertain.

8. Reports and Forms

a. Reports required for the Substance Abuse Program are outlined in reference (b), and consolidated in enclosure (8).

b. Requisitioning information on forms required for the Substance Abuse Program can be obtained from reference (b).

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PROGRAM ORGANIZATIONAL REQUIREMENTS

Reference: (a) OPNAVINST 5350.4
(b) OPNAVINST 5355.4
(c) CPI-792
(d) CPI-752
(e) CPI-432

1. The basic references outline the purpose and organizational concepts of the Navy Alcohol and Drug Abuse Program. NAVFACENGCOM activities shall:

a. Comply with the duties and responsibilities as outlined in enclosure (2) to reference (a) of this enclosure.

b. Manage the Civilian Employee Assistance Program (CEAP), appoint a CEAP administrator in activities with 100 or more civilian employees, and assign civilian employees as outlined in reference (b) of this enclosure.

c. Appoint a program Drug and Alcohol Program Advisor (DAPA) as outlined in reference (a) of this enclosure, and a Drug Program Coordinator (DPC) to coordinate the civilian employee program as outlined in reference (b) of this enclosure.

d. Ensure that civilian and military supervisors are familiar with the policies and procedures outlined in references (a) through (d) of this enclosure.

e. Ensure the Civilian Personnel or Employee Relations Officer is notified in advance, for consultation concerning union responsibility, when changes are issued that may affect the bargaining unit employee working conditions.

DETECTION AND DETERRENCE

Reference: (a) U. S. Navy Regulations, 1973
(b) Manual for Courts-Martial, 1969 (Rev)
(c) OPNAVINST 5350.4
(d) OPNAVINST 5300.
(e) OPNAVINST 5400.24D
(f) CPI-792
(g) CPI-752
(h) CPI-432
(i) SECNAVINST 5300.28A
(j) OPNAVINST 11200.5B

1. Procedure. All NAVFACENGCOM activities will ensure compliance with the policies, regulations, and procedures concerning detection and deterrence as outlined in references (a) through (j) of this enclosure.

2. Assessment. All NAVFACENGCOM activities will establish and maintain continuing programs to assess the effectiveness of command substance abuse detection and deterrent programs, to include:

a. Informal feedback via the chain of command, command master chief, Master-at-Arms force, security personnel, and medical personnel.

b. Established forums for discussion of substance abuse prevention programs, including Captain's Call, the Human Relations/Equal Employment Opportunity Councils, and the Civilian Employee Assistance Program.

c. External assessments, including Organizational Effectiveness Center and Counseling and Assistance Center (CAAC) assistance.

d. Assimilation of the information provided by the area, regional, or local substance abuse coordinator.

3. Program Effectiveness. A key to an effective deterrent program for military and civilian employees is a balance between proper disciplinary action, up to and including termination of employment or discharge when warranted, and providing rehabilitation to those personnel who have potential to become productive employees in the work environment. Cohesiveness between effective detection/deterrence efforts, substance abuse education programs, and the opportunity for rehabilitation enhances overall program effectiveness.

4. Military Working Dog (MWD) Program. The Director of Naval Intelligence, Office of the Chief of Naval Operations (N-09N3) has oversight and managerial responsibilities for the MWD program, with organizational placement in the Headquarters of the Naval Criminal Investigative Service (NCIS-24). Drug Detection Dogs (DDD) are a part of the MWD Program. The DDD's will be used as outlined in enclosure (2) to reference (c) of this enclosure, which includes inspections of military and civilian work spaces, offices, and storage/warehouse areas, and searches of pedestrian and vehicle gates, parking areas, recreation areas, and all open areas within the established boundaries of the military activity. (Note: The use of DDD's within

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military property leased from a civilian agency (private) must be determined on a case-by-case basis as prescribed by the lease.)

Reference (c) of this enclosure states, "An actual commanding officer's search authorization is required for areas where individuals have reasonable expectation of privacy." Examples include: Assigned rooms in unaccompanied personnel housing (unless all rooms are required to be open for an authorized inspection); family housing as described in reference (c); individually assigned desks or work stands/tables; individually assigned personal storage lockers; and personal vehicles legally parked. During an inspection, if a DDD alert in areas considered to have a reasonable expectation of individual privacy, the authorization to conduct a search of the prescribed area must be directed by the commanding officer. A DDD alert constitutes justification for a probable cause search. In all cases, reasonable judgment must be used.

URINALYSIS POLICY AND RELATED PROCEDURES

Reference: (a) OPNAVINST 5350.4
(b) SECNAVINST 5300.28A
(c) OPNAVINST 5355.4
(d) CPI-792
(e) CPI-752
(f) CPI-432
(g) BUMEDINST 6120.20B

1. Procedure. All NAVFACENGCOM activities will ensure compliance with urinalysis policy and related procedures as outlined in references (a) through (g) of this enclosure.

2. Random Sampling and Unit Sweep Authority (Military Personnel). The term "random sampling," as used in this instruction and reference (a) of this enclosure, applies to any command urinalysis testing program in which the individuals to be tested are selected at random. In order to enhance the deterrent value of such testing, the testing program shall be designed so that a member's chances of selection, and thus detection, remain constant throughout the testing period. The term "unit sweep," as used in this instruction and reference (a) of this enclosure, applies generally to the testing of an entire unit or of any identifiable segment or class of a unit (e.g., a division, barracks, all E-4s and below, all officers, all personnel who have reported for duty in the last month, etc.). The authority to conduct unit sweeps at any NAVFACENGCOM activity will be granted by COMNAVFACENGCOM. Random sampling may be authorized by activity commanders, commanding officers, or officers in charge for those random samplings involving 20 percent or less of a unit or 200 or fewer samples of the military population. If a random sampling involves more than 20 percent or more than 200 samples, the random sampling will be approved by COMNAVFACENGCOM only. Requests to conduct unit sweeps or random samples will be as follows:

a. Unit Sweep. Requests for activity unit sweeps, by message or speedletter, will be forwarded to NAVFACENGCOM Headquarters (Attn: Code 12). Requests for unit sweeps will include the following:

- (1) Request for unit sweep (identify type of unit).
- (2) Number of personnel at the activity.
- (3) Number of personnel to be tested.
- (4) Brief reason for testing.

b. Random Sampling. When activity random sampling is greater than 20 percent of the population or greater than 200 samples, the request will be forwarded as outlined in paragraph 2.a. Random sampling requests will include the following:

- (1) Request for random sampling urinalysis testing.
- (2) Number of personnel at the activity.
- (3) Number of personnel to be tested.
- (4) Brief reason for testing.

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c. Testing Period. In order to maintain testing within the limitations imposed, urinalysis testing shall not exceed 20 percent of the command per month, and the period for conducting unit sweeps or random urinalysis tests (as outlined above) will be no more than 30 days from receipt of the approval.

3. Sample Submission. The procedure and format for submitting urinalysis samples are outlined in reference (a) of this enclosure. Activities will submit the samples to the Navy Regional Medical Center designated by the geographic boundaries outlined in reference (a) of this enclosure.

4. Laboratory Reports. Activities will provide, in block two of OPNAV form 5350/2, the message address of COMNAVFACENGCOM ALEXANDRIA VA.

5. Civilian Employees. Where there is reason to suspect that a civilian employee is under the influence of illegal drugs while at work, supervisors shall contact the activity Drug Program Coordinator (DPC) and follow procedures outlined in the activity's Drug Free Workplace Program Guidance and references (c) through (f) of this enclosure.

REHABILITATION

Reference: (a) OPNAVINST 5350.4
(b) CPI-792
(c) OPNAVINST 1754.1A

1. Procedure. All NAVFACENGCOM activities will follow the rehabilitation outline provided in references (a) through (c) of this enclosure. See enclosure (7), paragraph 6, of reference (a) in this enclosure for additional Level I guidance concerning the Navy Alcohol and Drug Safety Action Program (NADSAP).

2. Local Command Programs. The Drug and Alcohol Program Advisor (DAPA) is the principal advisor to the Commander and is responsible for administering the military Level I Command Rehabilitation Program. The Level I Rehabilitation Program consists of administrative processing, education, screening, and command counseling. Specific DAPA training is available. Commands/activities shall designate Drug and Alcohol Program Advisors or Collateral Duty Alcoholism Advisors (CODAA). Service members with NEC 9510 or 9522 who are not now serving as full-time treatment counselors in Level II or Level III rehabilitation facilities may also be utilized.

a. Rehabilitation efforts for civilian employees will be under the auspices of the Civilian Employee Assistance Program as outlined in reference (b) of this enclosure. Counseling and assistance centers may also service civilian employees on a not-to-interfere basis, with the primary responsibility of servicing military personnel.

b. The family service programs conducted at the regional family service centers are excellent resources providing referral and counseling services to family members. Reference (c) of this enclosure refers.

3. Local Counseling Guide. Level I counseling will be provided locally for those military members who cannot attend NADSAP. These programs shall be coordinated by the DAPA (see paragraph 2), using supervisors in the chain of command, medical personnel, and chaplains as counselors. The program shall consist of formal counseling sessions to include, as a minimum, the following suggested subjects with recommended counselor(s) indicated in parentheses:

a. The overriding importance of individual discipline to a strong, effective Navy. (Commanding Officer (CO), Executive Officer (XO), Division Officer, Master Chief Petty Officer of the Command (MCPOC))

b. The hazards to health, family, and personal lives resulting from the use of illegal drugs and the abuse of alcohol. (Medical Officer, Chaplain)

c. Navy policy regarding illegal drug use and possession, and the abuse of alcohol. (XO, Division Officer, MCPOC)

d. The legal and administrative consequences of illegal drug use and possession, and the abuse of alcohol. (Judge Advocate/Legal Officer, SAC)

e. Alternatives to drug and alcohol abuse. (Division Officer, Chaplain, MCPOC, Division Chief Petty Officer, Leading Petty Officer)

f. The development of teamwork, honesty, honor, and reliability the military environment. (MCPOC)

g. The responsibility of Navy "to take care of its own." (XO, Chaplain, Division Officer, MCPOC)

Personnel assigned to Level I counseling for drug abuse shall be assigned to a 180 day aftercare urinalysis testing program, see enclosure (7) to reference (a) of this enclosure.

4. Counseling and Assistance Center (CAAC). NAVFACENGCOM activities are encouraged to utilize the services of area CAAC. The mission of CAAC's includes:

a. Screening and Referral. Assist commands in evaluating individuals identified as possible drug/alcohol abusers.

(1) Referral to the appropriate medical facility for clinical evaluation of persons reporting to the C MC for screening who have not been evaluated clinically.

(2) Evaluating the potential and motivation for counseling of possible drug/abusers who have been medically determined to be not physically or psychologically dependent on drugs or alcohol.

(3) Referral to the parent command of persons screened with a recommendation as to the level of counseling required, including referral to appropriate community service agencies of those persons not eligible for CAAC counseling.

b. Counseling. Provide outpatient Level I and Level II counseling for individuals who:

(1) Have been medically determined to be not physically or psychologically dependent on drugs or alcohol.

(2) Have been screened by a CAAC and have been recommended for outpatient level counseling.

(3) Have been referred by their parent command for outpatient level counseling subsequent to (1) and (2) above.

c. Education

(1) Provide presentations and/or workshops.

(2) Provide a point of contact for the DAPA.

(3) Provide presentations for local communities, schools, clubs, etc., as approved by the administering commanding officer, when this can be accomplished without detriment to the command program.

(4) Coordinate and assist in the planning and implementation of area-wide drug education programs through close liaison with Organizational Effectiveness Specialists, NADSAP detachments, and others involved in drug and alcohol education endeavors.

d. General Assistance. Depending on the availability and qualifications of staff members, counseling and guidance may be made available to persons who have problems not involving drugs and alcohol. Referral to other agencies should be made when appropriate. Referrals of civilian employees should be coordinated with the local Civilian Employee Assistance Program (CEAP).

DISPOSITION OF DRUG AND ALCOHOL ABUSERS

Reference: (a) OPNAVINST 5350.4
(b) SECNAVINST 5300.28
(c) BUPERSINST 5510.11
(d) CPI-792
(e) CPI-752
(f) CPI-432
(g) OPNAVINST 5355.4

1. Disposition Guidelines. After identification of an individual as a drug or alcohol abuser, activities will take appropriate action as outlined in this instruction and references (a) through (f) of this enclosure.
2. Personnel Reliability Program (PRP). The PRP is designed to assure the highest possible standards of individual reliability in personnel performing duties associated with nuclear weapons and nuclear components. The specific objective of the PRP is to minimize the possibility of personnel being assigned to or continued in duties under the PRP who do not meet specified reliability standards. PRP guidelines are outlined in references (a) and (c) of this enclosure.

PRESERVICE USE OF DRUGS AND ALCOHOL

Reference: (a) OPNAVINST 5350.4
(b) FPM 713 and 792
(c) CPI 713 and 792

1. Policy. Prior to induction into naval service, members are required to sign a statement of understanding concerning the Navy's intolerance of drug abuse, the use of urinalysis procedures to detect drug abuse, and the consequences to the individual should drug abuse be detected after entry. Further information concerning a military member's preservice use of drugs and alcohol is outlined in enclosure (9), reference (a), of this enclosure. For civilian employees, preemployment use of drugs and alcohol is discussed in references (b) and (c) of this enclosure.

EDUCATION

Reference: (a) OPNAVINST 5350.4
(b) CPI-792
(c) CPI-410
(d) CPI-411
(e) OPNAVINST 5355.4

1. Activities will conduct education programs as outlined in references (a) through (d) of this enclosure. Combined substance abuse education programs for both military and civilian personnel are authorized.
2. In addition to the programs outlined in the references, include the following topics:
 - a. Navy policy concerning the illicit use of drugs and the abuse of alcohol both on and off government property and in the work environment.
 - b. Rehabilitation programs available for military and civilian personnel, including procedures for entering programs through individual or command referrals.
 - c. The deleterious effects and legal ramifications of substance abuse.
3. Substance abuse education will be included in military and civilian indoctrination and supervisor education programs.

REPORTS

Reference: (a) OPNAVINST 5350.4
(b) NAVPERS 15514
(c) CPI-792

1. Reports. All activities will submit the required substance abuse and employee assistance reports in accordance with references (a) through (c) of this enclosure and this instruction. The required reports are as follows:

a. Drug/Alcohol Abuse Report (DAAR). All activities within the NAVFAC claimancy shall submit this report for confirmed alcohol and drug abuse incidents. Since moderate responsible alcohol use is legal, all Commanding Officers shall use careful judgment when documenting alcohol abuse incidents. The DAAR, in all cases, will become a part of the service member's permanent record. Include COMNAVFACENGCOM and the appropriate chain of command as information addressees on all reports. Appendix A of enclosure (13) to reference (a) of this enclosure contains the DAAR format. Report control Symbol OPNAV 5350-2 applies.

b. Drug and Alcohol Abuse Semi-Annual Report (DAASAR). Activities shall submit a semi-annual report to COMNAVFACENGCOM (Attn: Code 12R). In order to meet reporting requirements of higher authority, the report is due to NAVFACENGCOM no later than the 15th working day of the month after the end of each semi-annual period: 31 March and 30 September. Reports must delineate and differentiate the geographic area (CONUS, Pacific, Europe) in which testing and training occurred. Negative reports are required. DSAAR report format is contained in Appendix B of enclosure (12) to reference (a) of this enclosure. Report Control Symbol OPNAV 5350-9 applies.

c. Civilian Employee Assistance Program (CEAP)

(1) An annual report on the CEAP will be required from each activity with 100 or more civilian employees. Smaller activities will be included in the report submitted by the servicing personnel office. The reporting period is the fiscal year.

(2) Detailed reporting requirements and submission deadlines will be promulgated annually by the CNO when the requirements of the Office of Personnel Management are issued. Enclosure (2) to reference (c) of this enclosure refers.

DRUG AND ALCOHOL PREVENTION AND CONTROL
PROGRAM ASSESSMENT GUIDE

Reference: (a) SECNAVINST 5300.28A
(b) OPNAVINST 5350.4
(c) OPNAVINST 5355.4
(d) CPI-792
(e) CPI-752
(f) CPI-432

The following questions are designed to be used as both an internal activity assessment guide, and as a tool for the ISIC to review subordinate activity Drug and Alcohol Abuse programs.

1. Does the command actively support the Navy Alcohol and Drug Abuse Program (NADAP) to include an alcohol deglamorization and emphasis on the Navy's "ZERO TOLERANCE" policy regarding drug and alcohol abuse?
2. Are current directives/instructions on drug and alcohol abuse readily available?
3. Does the command consult with medical and/or drug and alcohol abuse program personnel when substandard performance, aberrant behavior or misconduct is suspected to be drug or alcohol related?
4. What initiatives have been taken to support problem drinkers, alcoholics and identified drug abusers in seeking help?
5. Does the Command review the status of personnel involved in drug use and alcohol abuse incidents, and ensure that appropriate administrative and/or disciplinary action is taken?
6. How many drug and alcohol abusers have been identified? Processed for discharge?
7. Does the command document specify individual instances of substandard duty performance, entering references to drug or alcohol abuse through appropriate administrative record entries and reports?

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Evaluation/Fitreprs _____ OPNAVFORM 5350/4 _____

8. Are required reports submitted and are they timely?

Drug/Alcohol Abuse Reports (DAAR) _____

Drug and Alcohol Abuse Semi-Annual Reports (DAASR) _____

Unit SITREP (When appropriate) _____

Quarterly Military Working Report (If required) _____

Enclosure (9)

9. Are all assigned personnel receiving appropriate refresher/continuing education at least every two years? Does the refresher education for E1 through E4 include:

- a. Review of NADAP policy, emphasizing the Navy's "Zero Tolerance" position?
- b. The physical and psychological consequences of drug and alcohol abuse, including an exploration of what lies behind a person's use, and consequently, abuse of drugs?
- c. The legal and career consequences of drug and alcohol?
- d. Knowledge of the availability of the Navy's counseling/rehabilitation programs?
- e. Knowledge of local drug and alcohol abuse and law enforcement situations?

Does the refresher education to E5 through E9 and officers, in addition to the above include:

- a. Navy policies and programs on drug and alcohol abuse?
- b. The role of the Navy leadership in drug and alcohol abuse prevention and control?
- c. Methods of early identification of drug and alcohol abuse problems?
- d. Confrontation and other intervention techniques and a thorough working knowledge of referral procedures?
- e. Navy rehabilitation programs?

10. What local expertise has been employed in drug abuse and alcoholism education programs? Medical Personnel ____ Legal Officers ____ CAAC Personnel ____ NAVALREHCEN ____ Chaplain ____ Law Enforcement Personnel ____ Alcoholics Anonymous ____ Alanon ____ Alateen ____ How are they used? (i. e., expert presentation, support and training for command program personnel)

11. Are educational resources (films, tapes, books, pamphlets) readily available to all personnel in the command? Are they accurate and up to date?

12. Does the command provide adequate facilities and other resource support for drug and alcohol abuse prevention and programs at detached activities?

13. Does the Command implement drug and alcohol abuse counter measures which are consistent with the drug and alcohol abuse threat environment of the base and local community?

14. Does the command ensure the criminal incidents involving drug and alcohol abuse that require investigative assistance are referred to the Naval Criminal Investigative Service or appropriate law enforcement agencies?

15. Is there an adequate inspection program in effect covering persons, vehicles and property entering and exiting Naval installations, vessels, and aircraft?

16. Does the command ensure that urinalysis or breathalyzer tests are conducted on an individual basis when there is a reasonable suspicion of drug or alcohol abuse?

17. Does the command refer all active duty Navy personnel who are convicted of driving a vehicle while intoxicated either on or off base to the Navy Alcohol Safety Action Program?

How many DUI/DWI's _____ How many attend NADSAP _____

18. Does the command conduct screening for overseas assignment to ensure that members with a history of multiple alcohol or drug related incidents are not considered for overseas duty?

19. At all command functions where alcoholic beverages are served, are adequate quantities of non-alcoholic and low calorie beverages provided? Does the command have a written policy addressing this issue? Does the command have a policy respecting the right of an individual to choose not to drink?

20. Are some alternative recreational facilities open as late as on-station bars/cocktail lounges?

21. Is a review of the drug/alcohol abuse prevention programs included as a regular agenda item of the Human Relations Council or other groups? What procedures are used to implement recommended changes to education, prevention, identification, control, and rehabilitation programs? Are the procedures formalized?

DAPA

22. Does the command have a Drug and Alcohol Program Advisor/Coordinator? (All commands are required to have one DAPA. Large commands will have one DAPA per 500 assigned personnel).

23. Are the DAPA's assigned in writing?

24. What type of training have these people received?

25. Does the DAPA conduct on-board screenings of identified drug and alcohol abusers to determine the severity of their drug and/or alcohol problems, amenability to assistance, and provide input as to prognosis of successful program completion?

26. What has been done to ensure that the DAPA has access to the information necessary to perform their functions?

27. Does the DAPA conduct the Level I drug and alcohol abuse prevention, education, and counseling program for the command?

28. Is the DAPA acquainted with referral procedures and contracts?
29. Does the DAPA monitor, when required, members who return to the command following completion of Level II and III programs with the aftercare or follow-on support recommendations of the rehabilitation facility?
30. Does the DAPA serve as the command self-referral procedure agent?
31. Are the efforts of personnel working in the command drug abuse and alcoholism prevention program adequately recognized in evaluations and fitness reports?
32. Who is responsible for ensuring that drug/alcohol abuse prevention responsibilities are reassigned as DAPA/CODAS detach?
33. Are Drug Detection Dogs (DDD) used? In personnel, messing/berthing, zone/material and gate inspections?
34. How often are DDD's used at the command?
35. Number of alerts in the past 6 months?
36. Number of false alerts?
37. Contraband recovered, and how much?
38. If the command owns the dog(s) is it/are they certified?
39. Are the DDD handlers certified?
40. Is a portable urinalysis kit utilized? Are positive results from the portable kit test held in close confidence until results of lab confirmation are received by the command?
41. Is the policy published by the commanding officer that prescribes the responsibility, use and location of the portable urinalysis kit?
42. Does the unit coordinator (responsible for coordinating the urine collection) maintain a urinalysis ledger documenting all test specimens with the following identifying information:
 - (a) Date of collection (DAY/MONTH/YEAR) _____
 - (b) Batch Number _____
 - (c) Specimen Number _____
 - (d) Individual Social Security Number _____
 - (e) Testing premise identifier _____
 - (f) Signature of observer _____
 - (g) Signature of member _____

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43. Is the Urine Sample Custody Document (OPNAV 5350/2) used when submitting specimens to the lab?

44. Approximately how many urine tests are conducted monthly?

45. How many have been positive? Negative?

46. What does the command do with the positive results?

47. Approximately how many of these tests were for:

Members consent _____

Probable cause _____

Random sample _____

Unit sweep _____

Service directed _____

Medical test for general diagnostic purposes _____

Command directed tests _____

Drug rehabilitation test _____

Mishap/safety investigation tests _____

After care testing _____

48. Is urinalysis testing being done on those members who have successfully completed the appropriate Drug and Alcohol Abuse Program Level and are in their follow-up period?

49. Is the command conducting periodic random/unit urinalysis test?

50. Has a base/station level advisory council been established to coordinate and monitor the command's and tenant activities drug and alcohol abuse control program?

51. Is a senior representative designated to represent the command's activity on the Regional Navy Drug and Alcohol Advisory Council (NDAAC)? As a regional coordinator does the command evaluate the nature and extent of drug and alcohol abuse within the region?

52. Has the regional coordinator established regional NDAAC's to coordinate and monitor regional alcohol and drug abuse programs?

a. Does the NDAAC analyze the nature, extent, and effect of the local substance abuse threat, including the availability of drug abuse paraphernalia, and develop periodic threat assessments?

b. Does the NDAAC develop an action plan to combat the drug and alcohol threat in the region, including the use of drug detector dogs (as available), investigation of alcohol and drug offenses, liaison with other interested agencies, crime prevention, training of prevention personnel and urinalysis testing?

53. Does the regional NDAAC meet quarterly?
54. Does membership in the regional NAADC consist of representation, as deemed appropriate, from local NDAAC's and other professional and functional representatives in the field of alcohol/drug control?
55. Does the regional coordinator provide for establishment of NDAAC's by local coordinators at designated shore activities where geographic location makes participation in the Regional NDAAC impractical?
56. Does the regional coordinator monitor regional investigative, law enforcement, detection and deterrence programs to ensure maximum effectiveness, uniformity of countermeasures and regional cooperation among Navy and other military commands to provide appropriate interface with civilian organizations and agencies?
57. Does a senior representative from the regional NDAAC represent the region on the Executive Drug and Alcohol Abuse Council?
58. Does the regional coordinator evaluate existing military and civilian programs to provide recommendations for change when appropriate?
59. Does the command comply with the provisions of a SECNAVINST 5300.28, CPI 792, CPI 752, CPI 432, and OPNAVINST 5355.4 in regard to civilian employees?
60. Who handles the command's civilian employee's drug or alcohol related offenses? What is the normal procedure?
- How many incidents _____
How many civilians have been assigned to NADSAP _____
61. How many civilians have been offered the Civilian Employee Assistance Program (CEAP)? (Applies to those civilian employees suspected of use of illegal drugs or those who admit to such usage.) How many have refused treatment? Is this refusal documented?
62. Have any illegal drugs or open alcohol containers been discovered in the course of an inspection or search of a vehicle operated by a civilian? If so, were driving privileges suspended, revoked or denied?